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Bib Data Sheet

CONFIRMATION NO. 7212

SERIAL NUMBER 10/650,074	FILING OR 371(c) DATE 08/28/2003 RULE	CLASS 514	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. 117-473
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**** CONTINUING DATA *******
 This appln claims benefit of 60/406,669 08/29/2002 * (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/03/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS
23117

TITLE
Treatment for liver disease

FILING FEE RECEIVED 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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